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MEETING MINUTES

STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

February 14, 2008

Present: Carl Britton-Watkins, Wilda Brown, Terry Burgess, Marianne Clayter, Zack Commander, Bill Cook, Kathy Crocker, Carol DeBerry, Judy Dempsey, Libby Jones, Ron Kendrick, Carl Noyes, Marian Spencer, Andrea Stevens, David Taylor Jr., Amelia Thorpe and Cynthia Vester.

Absent: Beaufort Bailey and Tisha O’Neal-Gamboa.

Resignation: Dorothy O'Neal.

LME Staff Present: Deputy Director Leza Wainwright, Chris Phillips, Ann Remington and Cathy Kocian.

Guests: Carolyn Anthony, Martha Brock, Manay Gunter, Fred Johnson, Gerri Smith, Kathy Smith, and Judy Taylor.

Presenter & Topic	Discussion	Action
Welcome: Carl Britton-Watkins, SCFAC Chair	<ul style="list-style-type: none"> The meeting was called to order at 9:30 AM. Carl announced the resignation of Dorothy O’Neal. 	<p>The agenda was approved.</p> <p>The March 2007 minutes were approved.</p>
Public Comments/Issues	<ul style="list-style-type: none"> Martha Brock, the PAIMI Coordinator for Disability Rights NC, provided SCFAC members with a handout addressing the lack of consumer and family participation in appointed bodies advising on policymaking in the Division of MH/DD/SAS and the DHHS. Ms. Brock stated there is a need for additional consumer and family member participation on various committees and requested the support of SCFAC members in ensuring this occurs. Another area of concern brought before the SCFAC involved the proposed smoking ban in State Psychiatric Institutions. Ms. Brock expressed concern that patients will lose one of the few privileges they have and go through withdrawal from nicotine during their hospital stay. SCFAC members discussed both issues brought before them. The committee agreed that there is a need for more consumer and family involvement in policy and decision making. SCFAC members had already discussed the need to submit a letter to the Secretary regarding the newly appointed workgroups. Kathy Smith, President of the National Alliance of Mentally Ill (NAMI) of Wake County and professionally employed with a provider agency, expressed concern about Implementation #39 <i>CAP - MR/DD Waiver Update; CAP-MR/DD Technical Amendment #4 Update; Endorsement; Accreditation Update; Community Support Comprehensive Service Provider; Maintenance of Service; Gaps in Service Authorization; Person Centered Plan Updates/Revisions; Four Requirements for Removal from Payment Withhold.</i> 	<p>Carl Britton-Watkins and Kathy Crocker are finalizing Tisha O’Neal-Gamboa’s draft letter to the Secretary.</p>

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	<p>Ms. Smith stated that she is concerned that the new requirement for smaller agencies to employ licensed clinical professionals and psychiatrists will pose undue hardship on these smaller providers. She said that this might force small agencies out of business. Ron Kendrick stated that there was significant abuse of the system and asked Ms. Smith to explain how she would eliminate the abuse of the system. Discussion evolved into the need for more clarity of system issues.</p> <ul style="list-style-type: none"> • Manay Gunter, Executive Director of Club Horizon, also stated her concerns about Implementation Update #39 and stated there is a need for the LMEs to increase monitoring of providers. Ms. Gunter stressed the fact that these changes and requirements will pose a huge financial burden on agencies. In addition, she stated that most consumers already have mental health professionals and that the role of Psychosocial Programs and Community Support Service Providers (CSS) is to monitor out-patient services. Ms. Gunter requested that SCFAC members review Implementation #39 and provide feedback.. 	
<p>Discussion with Division Leadership Leza Wainwright</p>	<ul style="list-style-type: none"> • SCFAC members had requested an update on Single Stream Funding, Community Support Services (CSS), the CAP Waiver and Endorsement. • Currently, there are 9 LMEs participating in Single Stream Funding: Smokey Mountain Center, Piedmont Behavioral Healthcare, Mecklenburg, Guilford Center, Sandhills Center, Five County Mental Health Authority, East Coast Behavioral Health, The Durham Center and Crossroads Behavioral Healthcare. Leza explained that Single Stream Funding changes two fundamental ways in which LMEs receive their money: <ol style="list-style-type: none"> 1. The LMEs will receive one pot of state money that is not specifically earmarked for anyone disability category and 2. The state funds will be paid out in 1/12 installments during the course of the year. <p>There is wide variance in the quality and consistency of LMEs' reporting units of service. LMEs need to be held accountable regarding reporting expenditures. While the General Assembly wrote special provisions about adding LMEs to Single Stream Funding, they did not specify or provide the means of de-certifying LMEs that did not meet reporting requirements. Leza mentioned that Mecklenburg and Guilford LMEs do a very good job of reporting. The General Assembly required the Department to financially support the administrative costs of the LMEs but did not provide adequate funding for this. Andrea Stevens asked about the reduction of service money to Piedmont. Leza explained that the Department was forced to use service dollars to provide adequate funding for LME administrative costs. Additionally, it was noted that the General Assembly required that Mental Health Trust Fund money be paid out in cash on a per capita basis to the LMEs</p>	

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	<p>to be spent according to statutory requirements.</p> <ul style="list-style-type: none">• Effective March 1, 2008 the new service definitions for Community Support Services (CSS) will be implemented in NC. The final definitions require that a minimum of 25% of services be provided by a qualified professional. In addition, there needs to be a psychiatrist in an agency that provides mental health services and a licensed clinical addiction specialist for substance abuse consumers. Leza reminded SCFAC members that CSS were never intended to be used as a mentoring or socialization service. Presently, it appears that over 900 million dollars in Medicaid money will be spent on CSS this year. The Secretary was told that unless costs related to this service are brought under control, the service will be reconsidered.• Leza mentioned that service providers need to be nationally accredited within three years of being endorsed and the deadline is March 2009. As of today, it appears that only about 9% of providers appear to be actively working toward national accreditation.• The current CAP waiver expires August 31, 2008. The Department is hoping for an extension of the current waiver until December 31, 2008 following which the implementation will occur. The proposed new CAP Waiver consists of four tiers that will need to be reviewed by the Physicians Advisory Group (PAG) and posted for public comment. The suggested waivers consist of:<ol style="list-style-type: none">1. Tier #1 will support individuals whose needs can be met within the range of \$0 to \$25,0002. Tier #2 will support individuals whose needs can be met within the range of \$25,001-\$60,000.3. Tier #3 will support individuals whose needs can be met within the range of \$60,001-\$91,000.4. Tier #4 will support individuals whose needs can be met within the range of \$91,001 -\$145,000.• SCFAC members inquired and discussion ensued about the current lawsuit pending in Wake County.• Leza responded to requests for information regarding provider endorsement. LMEs are the first reviewers of providers and are responsible for endorsement. Medicaid requires that any willing and qualified provider be endorsed. The endorsement process is designed to ensure that all providers of services are qualified. If the LME does not endorse a provider, the provider can appeal to the state. The Division has received 25 appeals to date. However, the Attorney General has recently stated that since the LMEs were statutorily mandated to do provider endorsements, they will have to defend their decisions to deny endorsement. Therefore, now providers who are denied endorsement by the LME appeal to Superior Court rather than to Office of Administrative Hearings.	
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	<ul style="list-style-type: none"> • Carl Noyes discussed the relevance of these issues on continuity of care. Carl stated that there will be providers who stay in business until March 2009 and then close their business due to accreditation rules. Leza said that if providers can not prove accreditation action by September 2008, the LMEs will need to start identifying those providers. In addition, Carl shared with SCFAC members that some psychiatrists are asking for a salary that exceeds \$250,000 a year. Leza said that consideration will be given to small providers of Community Support in terms of staff requirements pertaining to psychiatrists. • Zack Commander requested information on the Division's position regarding the proposed smoking ban in state psychiatric hospitals. Leza stated that the Division is focused on the health hazards of smoking and smoking is responsible for premature deaths in our client population. Bill Cook mentioned that smoking is an addiction and we need to be responsible in assisting people with withdrawal. Leza advised the committee that there would be smoking cessation plans in place to assist people with quitting. • Judy Dempsey inquired about the makeup of the External Advisory Committee and the fact that there are only three people representing disabilities on the committee. Furthermore, Judy said that EAT needs additional consumer input. Leza said that Mike Moseley established that group to advise him. 	
Critical Issues Sub-Committee Ron Kendrick	<ul style="list-style-type: none"> • The sub-committee members identified the following critical issues: <ul style="list-style-type: none"> • Provide advice to the Secretary, legislature and the Division, • Supported Employment, • Lack of awareness and unified voice, • Strengthen local CFACs and • Psychiatric Support. • SCFAC members decided it would be beneficial to the committee to develop a standard distribution list and submit all SCFAC Critical Action recommendations to the appropriate parties. Members agreed that the DHHS Secretary, ELT, LOC Chairs and appointing authorities all receive copies of the recommendations. In addition, members unanimously approved staying focused on tasks assigned to SCFAC under statute. The group will determine at the end of each SCFAC meeting whether there is enough information to draft a written recommendation on an identified issue. 	Cathy Kocian will develop a template for reporting SCFAC Critical Issues based on criteria established by SCFAC.
SCFAC Meeting with LOC Leadership Carl Britton-Watkins	<ul style="list-style-type: none"> • Carl Britton-Watkins and Chris Phillips met with Representative Verla Insko and Senator Martin Nesbitt to discuss a communication protocol between SCFAC and the LOC. It was determined that Andrea Poole and Shawn Parker will attend SCFAC meetings quarterly on behalf of the Senator and Representative. Both Representative Insko and Senator Nesbitt were keenly interested in being informed by the State CFAC regarding the strengths and weakness of the service system 	<p>Carl will send an invitation to Andrea Poole and Shawn Parker to attend the April SCFAC meeting.</p> <p>SCFAC members will develop a list of topics at the March meeting to be discussed at the April meeting.</p>

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Cultural Competency Committee	<ul style="list-style-type: none"> • Carl mentioned that the advisory group has developed a preliminary plan. The members are currently reviewing issues relevant to the plan. In addition, the cultural issues are not relevant to race issues. The committee is comprised of four workgroups: <ol style="list-style-type: none"> 1. The Recommendation Workgroup, 2. Curriculum Workgroup, 3. Linguistic Workgroup and 4. Trainers Workgroup. 	
Institute of Medicine Task Force	<ul style="list-style-type: none"> • This workgroup is sponsored at the Institute of Medicine in Cary and consists of a variety of stakeholders. The members are looking at substance abuse issues across the state and considering whether the services being provided are actually producing desired outcomes. 	
Leadership Training for Consumer and Family Advisory Committees	<ul style="list-style-type: none"> • The Leadership training Conference is scheduled for February 29 and March 1, 2008 at the Hawthorne Inn and Conference Center in Winston-Salem. • There will also be nine regional CFAC trainings across the state prior to June 30, 2008. More details regarding the Regional Trainings will be forthcoming. • Ann Remington mentioned that Chris Phillips has requested expansion dollars for CFAC training in 2008-2009 for future trainings. 	SCFAC members need to be at the Hawthorne Inn Thursday, February 28, 2008 at 8:00 pm to run through the facilitators' roles.
External Advisory Team & Staff Qualifications Workgroup Judy Dempsey	<ul style="list-style-type: none"> • Carl Noyes has accepted the invitation to attend the External Advisory Committee meetings in Raleigh on behalf of SCFAC. • Judy Dempsey is no longer able to attend the staff qualifications workgroup and a new SCFAC member is needed to take her place. • Judy provided information on the recently held meeting in Raleigh and stated that the group reviewed the CAP Waivers under development, Mercer reviews and rules for licensed qualified professionals. 	Chris Phillips is checking into the possibility of a non SCFAC member attending this workgroup.
Guardianship Sub-committee Wilda Brown, Kathy Crocker	<ul style="list-style-type: none"> • SCFAC members reviewed the final survey results and noted that it is the LMEs' responsibility to monitor the providers. • The SCFAC members agreed that the next step is to develop a white paper with recommendations based on conclusions drawn from the data. 	Wilda Brown will develop a white paper providing recommendations informed from the results of the survey.
Next Meeting Date	The next meeting is scheduled for March 13, 2008 from 9:30 A.M. – 3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, NC.	
March 2008 Meeting Agenda	<p>Approval of the Agenda. Approval of the February 2008 minutes. Discussion with Division Leadership. Public Comment & Issues Session. External Advisory Team and Staff Qualifications Workgroup Update. Executive Leadership Team Report Critical Issues Sub-committee Report. CFAC Regional Training Update.</p>	

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	LOC Discussion (April Topics)	
Future Discussion		